

PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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07/27/2006

ROBERT J. DEPKE
 LEWIS T. STEADMAN
 ROCKEY, DEPKE, LYONS AND KITZINGER, LLC
 SUITE 5450 SEARS TOWER
 CHICAGO, IL 60606-6306

10/30/2006 RHEBRAH 00000041 503891 10816307

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02 FC:1504 300.00 DA FILING DATE

FIRST NAMED INVENTOR

ATTORNEY EXCKET NO.

CONFIRMATION NO.

10816.307

04/01/2004

Yuji Sasaki

075834.00500

8565

TITLE OF INVENTION: SEMICONDUCTOR DEVICE AND PROCESS OF PRODUCTION OF SAME

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUR FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRAYBILL, DAVID E	2522	438-170000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert J. Depke
 2 Rocky, Depke, Lyons
 3 & Kitzinger LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sony Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3891 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Robert J. Depke

Date 10/27/06

Registration No. 37,607

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